|                           | PATENT APPLICATION FEE DETERMINATION RECOI     |   |            |                   |            |                                      |                  |              |        |                  | Application of         |       |                            | 93)219                 |  |  |
|---------------------------|--|---|------------|-------------------|------------|--------------------------------------|------------------|--------------|--------|------------------|------------------------|-------|----------------------------|------------------------|--|--|
| Effective October 1, 1996 |  |   |            |                   |            |                                      |                  |              |        |                  |                        | 7)    | 1219                       |                        |  |  |
|                           | CLAIMS AS FILED - PART I (Column 1) (Column 2) |   |            |                   |            |                                      |                  |              |        | SMALL ENTITY     |                        |       |                            | R THAN<br>ENTITY       |  |  |
| FF                        | ł  | NUMBER FILED NUMBER EXTRA                 |            |                   |            |                                      |                  |              | RATE   |                  | FEE                    |       | RATE                       | FEE                    |  |  |
| s                         | CFEE   |   |            |                   |            |                                      |                  |              |        | :                | 385.00                 | OR    |                            | 770.00                 |  |  |
| Įn.                       | AL CLAIMS                                      |   | (          | e f minu:         | s 20 =     |                                      |                  |              | x\$11: | = /              | 517.00                 | OR    | x\$22=                     |                        |  |  |
| -                         | PENDENT CL                                     |   |            | = 8 au            | . 2        |                                      |                  | x40=         |        | 80.00            | OR                     | x80=  |                            |                        |  |  |
| UL<br>H                   | TIPLE DEPENDENT CLAIM PRESENT                  |   |            |                   |            |                                      |                  |              |        | =                |                        | OR    | +260=                      |                        |  |  |
| ef t                      | he difference in c                             | olumn 1 is k                              | ess than a | tero, enter "0" i | n colum    |                                      |                  | TOTAL 989.00 |        | 82.00            | OR                     | TOTAL |                            |                        |  |  |
|                           | 7/12/06  | (Colum                                    |            |                   | (Column 2) |                                      | (Column 3)       | (Column 3)   |        | LL E             | NTITY                  | OR    | OTHER THAN<br>SMALL ENTITY |                        |  |  |
| AMENDMENTA                |  | CLAI<br>REMAI<br>AFTI<br>AMEND            | NING<br>ER | ING R             |            | GHEST<br>UMBER<br>EVIOUSLY<br>ND FOR | PRESENT<br>EXTRA |              |        |                  | ADDI-<br>IONAL<br>FEE  |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |
| NO S                      | T tal  | . 70                                      | ì          | Minus             | **         | 81                                   | =                |              | x\$11= | =                |                        | OR    | x\$22=                     |                        |  |  |
| NEW YEAR                  | Independent                                    | •   | <u>}</u>   | Minus             | ***        | 5                                    | = )              |              | x40=   |                  |                        | OR    | x80=                       | 400                    |  |  |
| <b>Q</b>                  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |            |                   |            |                                      |                  |              | +130=  | =                |                        | OR    | +260=                      | •                      |  |  |
|                           | (Column 1) (Column 2) (Column 3)               |   |            |                   |            |                                      |                  |              |        | TOTAL ADDIT. FEE |                        |       | TOTAL<br>ADDIT. FEE        | 400                    |  |  |
| ENDMENT B.                |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |            |                   | NI<br>PRE  | GHEST<br>UMBER<br>VIOUSLY<br>VID FOR | PRESENT<br>EXTRA |              | RATE   |                  | ADDI-<br>FIONAL<br>FEE |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |
|                           | Total  | •   |            | Minus **          |            |                                      | =                |              | x\$11= | =                |                        | OR    | x\$22=                     |                        |  |  |
| AMER                      | Independent                                    | *   |            | Minus             | ***        |                                      | =                |              | x40=   |                  |                        | OR    | x80=                       |                        |  |  |
| ≪                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |            |                   |            |                                      |                  |              |        | =                |                        | OR    | +260=                      |                        |  |  |
|                           | (Column 1) (Column 2) (Column 3) .             |   |            |                   |            |                                      |                  |              |        |                  | TOTAL ADDIT. FEE       |       |                            | OR ADDIT. FEE          |  |  |
| ENTC                      |  | CLAI<br>REMAI<br>AFTI<br>AMEND            | NING<br>ER |                   | NI<br>PRE  | GHEST<br>UMBER<br>VIOUSLY<br>AID FOR | PRESENT<br>EXTRA |              | RATE   |                  | ADDI-<br>FEE           |       | RATE                       | ADDI-<br>TIONAL<br>FEE |  |  |
| P C                       | Total  | •   |            | Minus             | **         |                                      | 8                |              | x\$11= | =                |                        | OR    | x\$22=                     |                        |  |  |
| AMENDMENT                 | Independent                                    | ependent *                                |            |                   | ***        |                                      | =                |              | ×40=   |                  |                        | OR    | x80=                       |                        |  |  |
| ~                         | ii .   |   |            |                   |            |                                      |                  | 11 1         | 1      | - 1              |                        |       | II                         |                        |  |  |

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

+130=

OR

+260=

OR ADDIT. FEE TOTAL